

NJ NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE PROGRAM EXECUTIVE SUMMARY

OVERVIEW

New Jersey maintains the distinction of having the highest rate of obesity among low-income children ages two through five since 2007.¹ Given the growing problem of obesity in New Jersey, it is critical that evidence-based programs be implemented to stop the growing epidemic. Half of New Jersey children under the age of five years are enrolled in licensed child care centers and registered family child care homes. Some children spend up to 10 hours in these centers and consume the majority of their meals and snacks in them. As a result, child care centers are an important setting in which to address childhood obesity.

Evidence indicates that changes to the policies and practices in child care centers are effective in creating healthier and more active environments for children. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program is a research-tested intervention that improves the policies and practices in child care centers.² The program addresses nutrition, physical activity, staff-child interactions, and facility policies through several key activities including self-assessments, action planning and training and technical assistance.

DESCRIPTION

The New Jersey Nutrition and Physical Activity Self-Assessment for Child Care program (NJ NAP SACC) is an initiative of the New Jersey Department of Health, Office of Nutrition and Fitness (ONF) and **ShapingNJ**, the statewide public-private partnership for obesity prevention. It is funded by the Centers for Disease Control and Prevention through the Communities Putting Prevention to Work – State and Territorial Initiative. ONF coordinated the project and contracted with the New Jersey Department of Human Services, Division of Family Development (NJ DHS) to administer the project. NJ DHS in turn contracted with local child care resource and referral agencies (CCR&Rs). These CCR&Rs provided training and technical support to 105 child care centers around New Jersey. The New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) organized trainings and collected data during the project.

The NJ NAP SACC project aimed to improve nutrition, increase active play and other physical activity and limit television and computer use for children in licensed child care centers. Ultimately, we anticipate that these changes will reduce rates of childhood obesity in the long-term. More specifically, the objective of the project was to provide training and technical assistance to targeted licensed child care providers in each New Jersey county to prepare them to adopt new policies and practices.

¹ Pediatric Nutrition Surveillance System: Table 6D. 2008-2010. National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention. Available at:

http://www.cdc.gov/pednss/pednss_tables/index.htm.

² University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention and Division of Public Health, North Carolina department of Health and Human Services. Nutrition and Physical Activity Self-Assessment for Child Care NAP SACC. 2012. Available at:

http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/NAPSACC_Template.pdf

To accomplish this objective, several key project activities occurred during the contract period from September 2010 to September 2011.

Child Care Center Recruitment and Selection

Organized by NJACCRRRA, local Child Care Resource and Referral agencies (CCR&Rs) recruited and selected five child care centers from each county (105 total centers).

Child Care Center Self Assessments and Action Plans

The child care center director and key staff from each of the 105 child care centers completed the NAP SACC tool to assess current nutrition, physical activity and television/computer use policies and practices within their child care center. Child care center directors and the local CCR&R trainers then developed an action plan that addressed the areas in need of improvement.

Technical Assistance

Local CCR&Rs provided assistance to the centers participating in the project to make the policy and practice changes identified in the action plan. In the 72 child care centers that provided information about technical assistance, 1,175 hours of technical assistance was recorded with an average of 16 hours for each center.

NAP SACC Training

Local CCR&R trainers provided NAP SACC training to each of the five child care centers in their county. The trainings covered five modules: overweight, nutrition, physical activity, personal health and wellness and working with families. Overall, 228 unique NAP SACC trainings occurred across New Jersey.

Post-Project Follow-Up

At the end of the NJ NAP SACC project, child care center directors and staff completed a second NAP SACC tool to assess their progress. Center directors also completed a phone interview with the CCR&R trainer. Finally, ONF randomly selected a child care center in each county for site visit. These site visits provided documentation of center enhancements through direct observation of center practices.

The NJ NAP SACC project reached several different populations. The short-term target of the project was the executive directors or core team representatives from New Jersey licensed child care centers.

- This project reached 99 of the 4,304 licensed child care centers (2 percent).
- Thirty-eight percent of the centers participating in the project also participate in the Child and Adult Care Food Program, which provides meals for children and older adults who have certain income limitations.

The long-term target of the NJ NAP SACC project is children attending licensed child care centers.

- Of the 320,487 children enrolled in these child care centers, this project reached 7,782 children in the 99 grantee child care centers.

- This represents approximately two percent of children enrolled in New Jersey child care centers.
- Thirty-six percent (2,807) of the children enrolled in the project child care centers are from low-wage earning families, based on center self-report.

EVALUATION FOCUS AND METHODS

The NJ NAP SACC evaluation addresses both processes and outcomes of the NJ NAP SACC project. Five evaluation questions guide this evaluation:

1. What changes did participating child care centers make with regard to making their policies and centers healthier and more active?
2. To what extent did the child care centers maintain the changes made in their centers?
3. What facilitators and challenges did the trainers experience in the project?
4. What worked well for child care centers to implement these changes?
5. What obstacles did child care centers experience?

The evaluation follows a collaborative evaluation approach by which the focus, questions, methods, analyses, and interpretations are conducted by a group of stakeholders critical to understanding the project and implementing recommendations from the evaluation.

The NJ NAP SACC evaluation employed mixed methods, non-experimental design. Three sources provided data for this evaluation.

Pre and Post NAP SACC Assessments

Child care centers completed two iterations of the NAP SACC tool: one at the start of the project and one at the conclusion of the project. Data was coded and a two-sample Wilcoxon Signed-Rank test was applied to determine if the median score of each of the 54 indicators changed significantly.

Child Care Center Director Follow-Up Survey

Child care centers that participated in the project completed a survey ten months after the end of the project that assessed the extent to which centers sustained the progress made during the project. It also collected information about what worked and did not work about the project. Of the 99 potential center directors, 29 directors completed the survey (29 percent response rate).

CCR&R Trainer Follow-Up Survey

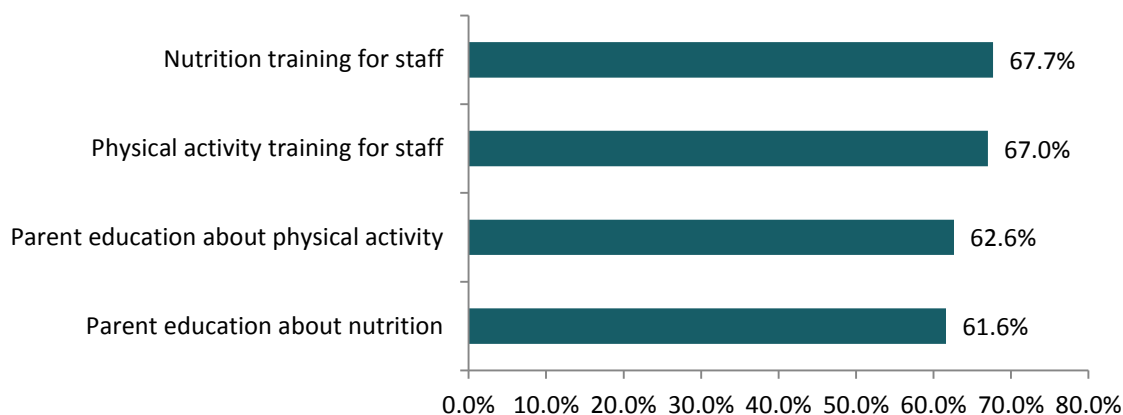
CCR&R trainers that participated in the project also completed a survey that elicited feedback about what worked and did not work in the NAP SACC project. It also asked for recommendations for future trainings. Of the 20 potential trainers, 10 trainers completed the survey (50 percent response rate).

KEY RESULTS

Changes in Policies and Practices

- Of the 54 indicators monitored on the NAP SACC assessment tool, the median score significantly increased for 26 of these indicators. No indicator decreased during the project.
- More than 60 percent of child care centers increased the number of times during the year they train staff and provide education about nutrition and physical activity for parents.
- More than half of the project centers made changes to improve the quality and/or enforcement of their written policies on physical activity and nutrition.
- Additional changes included improved staff practices during meal times, increased availability of new foods, decreased availability of less nutritious foods, increased variety of play equipment and increased amount of outdoor play time.
- Changes were not significant in many types of food offerings, play space and equipment, and staff practices during play time.

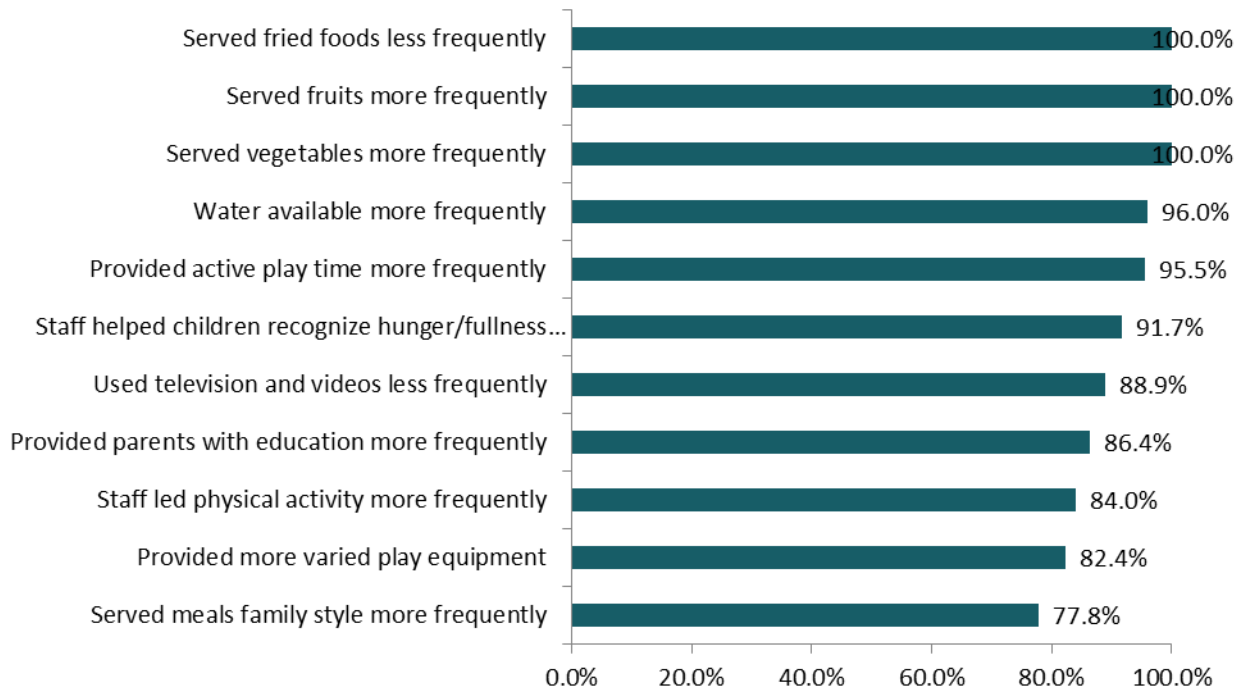
Percent of Child Care Centers that Increased Training and Education (n=99)



Maintaining Changes in Child Care Centers

- Ten months after the project end, more than three quarters of responding centers reported that the changes made in their centers during the project were still in effect.

Percent of Child Care Centers that Maintained Changes (n=29)



Implementing Changes in Child Care Centers

- Trainers reported that making water more available, providing more active play time, and providing parents with more education were the easiest changes for child care centers to make.
- Some of the most difficult changes for child care centers to make included providing more play equipment, serving meals family style, having staff help children recognize hunger and fullness and having staff lead physical activity.
- Training and technical assistance as well as previously existing relationships between center directors and CCR&R trainers facilitated changes in child care centers.
- Areas for improvement include sustaining training opportunities and linking efforts with broader community initiatives.

LESSONS LEARNED AND RECOMMENDATIONS

Changes in policies and practices in child care centers take time to implement.

Many of these changes must be made in small incremental steps. Often, there is a delay between the implementation of these changes and observational changes in behaviors. As centers maintain the changes made in the NJ NAP SACC project and continue to make their centers healthier and more active, additional improvements are likely to be seen.

Recommendation

- Additional post-project monitoring of project child care centers should be conducted to better understand the long-term impact of this project.

Providing trainings and resources to child care centers and staff are critical steps to helping child care centers improve their policies and practices around nutrition and physical activity.

Results suggest that training is one of the first steps in the process of making these changes. Continuous training provides several benefits to child care center staff. It helps to provide staff with information about nutrition and physical activity. It also helps to reinforce information from prior trainings and ensure that new staff receives the information. Resources and other tools provide centers additional reinforcement of the information from the trainings and give centers ways to use and implement the information they learned from the trainings. Training and resources help keep efforts to eat healthy and be active on the radar.

Recommendation

- Regular trainings should be provided to child care center staff at least once a year. These trainings should emphasize best practices and current research findings about healthy eating and active play time for children. If possible, trainings should be offered to the child care centers on-site.
- The training curriculum used for child care center staff should be expanded from only using NAP SACC to using a variety of training curriculums that meet the needs of the staff. Information provided to staff should include current research and best practices. In addition, the trainings should be as interactive as possible and incorporate information that is relevant to a wide array of child care centers from rural and urban settings.
- Resources should be provided to child care centers during trainings, site visits and other information exchanges. These resources should be user-friendly, fun and creative. Additionally, tools should be free and ready to use so that centers can access and take advantage of the resources immediately. Parent education materials and handouts in multiple languages should also be included.

- An evolving list of resources for child care centers should be developed. This list would inventory existing tools and resources that are free, user-friendly, ready-to-use and fun. CCR&Rs should be able to contribute to and use the list to distribute to child care centers.

Financial resources facilitate the provision of trainings and the implementation of new practices in child care centers.

Data indicate that changes in child care centers that require financial resources are more difficult for centers to implement and may be difficult to maintain. CCR&Rs also require funds to provide trainings to child care centers and to offer all the resources and services the child care centers need.

Recommendation

- Stipends, mini-grants, financial incentives, subsidies or other funding methods should be explored and made available to child care centers to help ease the financial burden of implementing changes related to physical activity and nutrition.
- Funding methods including grants and stipends should also be explored and made available to CCR&Rs to enable them to provide trainings and materials to child care centers.

Creating healthier and more active child care centers impacts more than just the children enrolled in the center.

Center staff and parents are impacted by healthy eating and active living initiatives in child care centers. Child care center efforts around good nutrition and physical activity can be linked and integrated into other community, worksite and school efforts to maximize the impact of the activities across the lifespan.

Recommendation

- Efforts to reinforce staff trainings about the importance of personal wellness should be explored. Worksite wellness programs may provide low-cost, mutually reinforcing opportunities to improve child care center staff health if integrated into already existing programs, services and activities.
- Child care centers, CCR&Rs and statewide partnerships for obesity prevention should work to link child care centers with initiatives in their communities that are also working to improve nutrition and increase physical activity. Community gardens, farmers markets, walking clubs, agreements between school and community centers to share use of recreational facilities (joint use agreements), recreational services and other community and school efforts could be partnered with child care centers to provide additional opportunities and resources for children and their families.